

Case Number:	CM13-0029368		
Date Assigned:	11/01/2013	Date of Injury:	04/18/2013
Decision Date:	01/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 19-year-old female who reported an injury on 04/18/2013. The mechanism of injury was not noted in the medical records provided for review. The patient's symptoms were noted as moderate low back pain with radicular symptoms to the bilateral lower extremities to the mid-thigh. She was diagnosed with lumbar spine strain/sprain with radiculopathy to the bilateral lower extremities. A plan was noted for chiropractic care 2 times a week for 3 weeks, Motrin cream, and a SolarCare infrared heating system.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Purchase infrared heating pad system with pad, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Treatment Integrated Treatment Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Infrared therapy (IR).

Decision rationale: The Official Disability Guidelines state that infrared therapy is not recommended over other heat therapies; however, where deep heating is desirable, providers may consider a limited trial of infrared therapy for the treatment of acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care. It is unclear in the

medical records provided as to the reason why deep heating with an infrared system is preferred over standard heating pads or other heat therapies as there is no documentation of ineffective relief with standard heating pads or exceptional factors requiring deep heating. For this reason, the requested service is non-certified.

Motrin cream 60gm, QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs), Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, the efficacy of topical nonsteroidal anti-inflammatory agents in clinical trials has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterwards or with a diminishing effect over another 2 week period. It further states that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. As the California MTUS Guidelines state that topical NSAIDs are not recommended for more than a 2 week period, or in the treatment of spine pain, and as there was insufficient documentation of intolerance to or the ineffectiveness of oral NSAIDs for this patient; the request is not supported. Therefore, the request is non-certified.